

SFUND RECORDS CTR

STATE WATER RESOURCES CONTROL BOARD

STATE DEPARTMENT OF HEALTH

999000491

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Wesley

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Pick up Address: 13344 S MAIN LGA Code No.

Telephone Number: (213) 222-7700 P.O. or Contract No.:

Order Placed By: _____ Date: 12-26-79

Type of Process which Produced Wastes:	
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(Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Quarry waste
13. ☐ Water waste
14. ☒ Mud and water
15. ☐ Brine

☐ Other (Specify) _____ Code No. _____

Components:
(Examples: Hydrochloric acid, lime, caustic soda,
phenolics, solvents (list), metals (list),
organics (list), cyanide)

Concentration:

Upper	Lower	z	p-value
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1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

pH ☐ none ☒ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 2 gal ☒ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)

Containers: (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping & Drilling

Business Address: 2501 W. Manchester Ave. Ing.

Telephone Number: 778-7542 Pick Up: Time:

State Liquid Waste Hauler's Registration No. (if applicable): 483

Job No.: 00439 No. of Loads or Trips: 1 Unit No.: 1

Vehicle: ☒ vacuum truck _____ barrels, ☐ flatbed, ☐ other Roller
(specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): 2425 SO. GARDNER AVE. 91754

Site Address: Monterey Park, Calif. 91754 Code No.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RMQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

- ☐ recovery
- ☐ treatment (specify):
- ☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well
- (Examples: incineration, neutralisation, precipitation)-Code No
- ☐ other (specify):

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 12-27-07 11 11

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

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FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.